

# Information and Referral PDD Application

## Acknowledgement of Case Management Choice

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By signing this form I understand and acknowledge that my rights regarding choice of providers have been explained, and a list of qualified providers has been made available to me. I have reviewed the available options and have selected the provider listed below. I understand that at any time, if I am dissatisfied with my chosen provider, I can elect to change to another provider if available. My choice of qualified provider is:

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**Case Management Provider of Choice**

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**Parent/Legal Guardian**

**Date**

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**Print Child's Name**

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**Case Manager/Early Interventionist/Other**

**Date**

PDD Form IR 1-D

January 1, 2010

***Please return in the enclosed envelope within 3 days.***

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*Revised 2-3-2009*